



PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) FY 2008 <small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>		Docket Number (Optional) 02558P-001340US																									
Application Number 09/733,239		Filed December 8, 2000																									
For CYSTEINE THIOL-PROTECTED PEPTIDES FOR USE IN IMMUNOASSAYS																											
Art Unit 1648		Examiner Emily M. Le																									
<p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table style="width: 100%; border-collapse: collapse;"><thead><tr><th style="width: 40%;"></th><th style="width: 15%; text-align: center;"><u>Fee</u></th><th style="width: 20%; text-align: center;"><u>Small Entity Fee</u></th><th style="width: 25%;"></th></tr></thead><tbody><tr><td><input type="checkbox"/> One mon th (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$120</td><td style="text-align: center;">\$60</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> T wo months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$460</td><td style="text-align: center;">\$230</td><td>\$ _____</td></tr><tr><td><input checked="" type="checkbox"/> Three mont hs (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1050</td><td style="text-align: center;">\$525</td><td>\$ 1050</td></tr><tr><td><input type="checkbox"/> Four m onths (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1640</td><td style="text-align: center;">\$820</td><td>\$ _____</td></tr><tr><td><input type="checkbox"/> Five mo nths (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2230</td><td style="text-align: center;">\$1115</td><td>\$ _____</td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input checked="" type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>20-1430</u>. I have enclosed a duplicate copy of this sheet.</p> <p>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>32,928</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34. Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 45%; text-align: center;"><hr style="width: 80%; margin: 0 auto;"/><p>Signature</p><hr style="width: 80%; margin: 0 auto;"/><p>Brian W. Poor, Reg. No. 32,928</p><p>Typed or printed name</p></div><div style="width: 45%; text-align: center;"><p>January 28, 2008</p><hr style="width: 80%; margin: 0 auto;"/><p>Date</p><hr style="width: 80%; margin: 0 auto;"/><p>(206)467-9600</p><p>Telephone Number</p></div></div> <p><small>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</small></p> <p><input type="checkbox"/> Total of _____ forms are submitted.</p>					<u>Fee</u>	<u>Small Entity Fee</u>		<input type="checkbox"/> One mon th (37 CFR 1.17(a)(1))	\$120	\$60	\$ _____	<input type="checkbox"/> T wo months (37 CFR 1.17(a)(2))	\$460	\$230	\$ _____	<input checked="" type="checkbox"/> Three mont hs (37 CFR 1.17(a)(3))	\$1050	\$525	\$ 1050	<input type="checkbox"/> Four m onths (37 CFR 1.17(a)(4))	\$1640	\$820	\$ _____	<input type="checkbox"/> Five mo nths (37 CFR 1.17(a)(5))	\$2230	\$1115	\$ _____
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